

PTO/SB/21 (09-04)

Approved for use through 07/31/2006 OMB 0651-0031

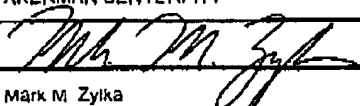
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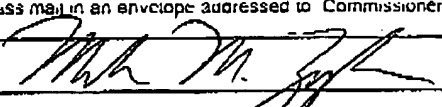
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/726,760	<b>RECEIVED CENTRAL FAX CENTER DEC 07 2006</b>
	Filing Date	December 3, 2006	
	First Named Inventor	Thomas Kuerner	
	Art Unit	3748	
	Examiner Name	Travis Trieu	
Total Number of Pages in This Submission	21	Attorney Docket Number	DKT02164

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Duplicate copy of Extension of Time Request Duplicate Copy of Fee Transmittal Form RCE Transmittal (2 copies)
<b>Remarks</b> Please charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-0951		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	Mark M. Zyika		
Date	December 7, 2006	Reg No	48,518

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Signature			
Typed or printed name	Mark M. Zyika	Date	December 7, 2006

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PTO/SB/17 (12-04)

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Under the PROVISIONAL REQUIREMENT Act of 1993, an applicant who is required to pay a fee to obtain a provisional patent must also pay a fee to obtain a provisional trademark.

Effective on 12/03/2004  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,810.00**Complete if Known**

Application Number	10/726,760
Filing Date	December 3, 2003
First Named Inventor	Thomas Koerner
Examiner Name	Thai Ba Trieu
Art Unit	3748
Attorney Docket No.	DKT02164

**RECEIVED**  
**CENTRAL FAX CENTER****DEC 07 2006****METHOD OF PAYMENT** (check all that apply)

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- For the above-identified deposit account, the Director is hereby authorized to (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**      **Fee (\$)**      **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

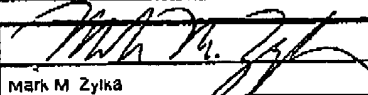
100 -      / 50 =      (round up to a whole number) x      =      =

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other: RCE fee (\$790.00) + 3 mo. extension of time fee (\$1,020.00)

1,810.00

<b>SUBMITTED BY</b>		<b>Registration No.</b> 48,518	<b>Telephone</b> 561-653-5000
<b>Signature</b>		<b>(Attorney/Agent)</b>	
<b>Name (Print/Type)</b> Mark M. Zyka		<b>Date</b> December 7, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a patent by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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PTO/SB-17 (12-04)

Approved for use through 07/31/2008 OMB 0851-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number: 10/728,780 Filing Date: December 3, 2003 First Named Inventor: Thomas Koerner Examiner Name: Thoi Ba Trieu Art Unit: 3740 Attorney Docket No.: DKT02184	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>DEC 07 2006</b>	
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00			

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 30-0901 Deposit Account Name: AKERMANN SENTERFITT

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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Multiple dependent claims	360	180

**Total Claims** - 20 or MP = \_\_\_\_\_ **Extra Claims** \_\_\_\_\_ **Fee (\$)** \_\_\_\_\_ **Fees Paid (\$)** \_\_\_\_\_  
 MP = highest number of total claims paid for, if greater than 20  
**Indep. Claims** - 3 or MP = \_\_\_\_\_ **Extra Claims** \_\_\_\_\_ **Fee (\$)** \_\_\_\_\_ **Fees Paid (\$)** \_\_\_\_\_  
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

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<b>SUBMITTED BY</b>		Registration No. 48,518	Telephone 561-653-5000
Signature		(Attorney/Agent)	Date December 7, 2006
Name (Print/Type)	Mark M. Zyka		

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